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3624  
41

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission		Attorney Docket Number	BLO1134-006D
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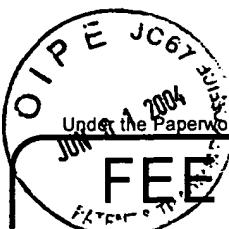
ENCLOSURES <i>(Check all that apply)</i>			
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <u>postcard filing receipt</u>	<input type="checkbox"/> Remarks
<b>RECEIVED</b> JUN 8 2004 <b>GROUP 3600</b>			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	CAROL G. STOVSKY
Signature	
Date	May 26, 2004

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Sheri L. Burke, Paralegal		
Signature		Date	May 27, 2004

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**FEE TRANSMITTAL**  
for FY 2003

Effective 0110112003. Patent fees are subject to *annual revision*.

Applicant claims small entity status. See 37 CFR, 1.27

TOTAL AMOUNT OF PAYMENT \$ 530.00

**METHOD OF PAYMENT** (check all that apply)

## FEE CALCULATION (continued)

<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None
<input checked="" type="checkbox"/> Deposit Account:				

Deposit Account Number	19-4076
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## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity Fee	Small Entity Fee	Fee Description	Fee Paid
Code (\$)	Code (\$)		
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
<b>SUBTOTAL(I)</b>			(\$ 0.00)

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Fee from below	Fee Paid
Total Claims	<input type="text"/>	Extra Claims -20- = <input type="text"/>	X <input type="text"/>
Independent Claims	<input type="text"/>	- 3- = <input type="text"/>	X <input type="text"/>
Multiple Dependent			= <input type="text"/>

<u>Large Entity</u>	<u>Small Entity</u>	
<u>Fee</u>	<u>Fee</u>	<u>Fee Description</u>
<u>Code (\$)</u>	<u>Code (\$)</u>	
1202 18	2202 9	Claims in excess of 20
1201 86	2201 43	Independent claims in excess of 3
1203 290	2203 145	Multiple dependent claim, if not paid
1204 86	2204 43	* Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent

**SUBTOTAL (2)** **\$ 0.00**

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**SUBMITTED BY**

**(Complete if applicable)**

Name (Print/Type)	CAROL G. STOVSKY	Registration No. (Attomey/Agent)	42,171	Telephone 614-792-5555
Signature	<i>Carol G. Stovsky</i>		Date	May 26 2004

Other fee (specify): Terminal Disclaimer

\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3)** **£ 530.00**

110.00

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